

Indiana Auditor of State**[CIVP]****POCLAIMS
FINAL PAYMENTS****P.O. PAYMENTS****Due to Service Center, Room 234.****[] W-9 Form (s) Enclosed****AGENCY INFORMATION**

Requestor	File ID	Date

DISKETTE INFORMATION

Agency Number	Sys ID	Description
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Number of Invoices	Batch Total Amount

<u>New Number of Invoices (AUDITOR USE ONLY)</u>	<u>New Batch Total Amount (AUDITOR USE ONLY)</u>

AGENCY CONTACT INFORMATION

If any problems with the file or balancing occur, the following individuals can be contacted:

Contact Name	Telephone #
Contact Name	Telephone #

AUDITOR OF STATE INFORMATION

LOG-IN	LOG-OUT	AGENCY complete if date other than system date
Date Received	Date Returned	Warrant Date

COMMENT SECTION - to be used if agency contacted.

Name of person called	Telephone #	Date Called

Agency verbal instructions Processing requirements for this program are as follows: Partial Payment Form (SF12537) or PO Final Receiver (SF21303), and Total Transaction Sheet to be placed within an Interdepartmental Mail Envelope (State Form 3 or equal) with this cover sheet taped to the outside of the envelope (the tie-down flap MUST be exposed) Additional copies of these documents are not required under this program.

